

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 05, 2003 8:00 am**  
**Secretary of State**

05-05-2003 90164 016 \*\*\*\*61.25

**DOCUMENT # N99000005322**

1. Entity Name

**PROJECT CHILDHELP, INC.**



Principal Place of Business

~~66 W FLAGLER STREET 2ND FLOOR~~  
~~MIAMI FL 33130~~

**10030 SW 84 ST.**  
**MIAMI FL 33173**

Mailing Address

~~66 W FLAGLER STREET 2ND FLOOR~~  
~~MIAMI FL 33130~~

**10030 SW 84 ST.**  
**MIAMI FL 33173**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **52-2203362**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**VALLADARES, O FRANK**

~~66 W FLAGLER STREET 2ND FLOOR~~  
~~MIAMI FL 33130~~

**10030 S.W. 84 ST**  
**MIAMI, FL 33173**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

*[Signature]*  
Signature, typed or printed name of registered agent and title if applicable.

**OFRANK VALLADARES 4/28/03**

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>TEJEDOR, RAY</b>	
STREET ADDRESS	<b>13935 S.W. 10TH STREET</b>	
CITY-ST-ZIP	<b>MIAMI FL 33184</b>	
TITLE	<b>VPD</b>	<input type="checkbox"/> Delete
NAME	<b>VALLADARES, O FRANK</b>	
STREET ADDRESS	<b>66 W FLAGLER ST 2 FL</b>	
CITY-ST-ZIP	<b>MIAMI FL 33130</b>	
TITLE	<b>PSTD</b>	<input type="checkbox"/> Delete
NAME	<b>VALLADARES, LOURDES M</b>	
STREET ADDRESS	<b>10030 SW 84TH STREET</b>	
CITY-ST-ZIP	<b>MIAMI FL 33173</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>MUINOS, WILLIAM I</b>	
STREET ADDRESS	<b>914 OSORIO AVENUE</b>	
CITY-ST-ZIP	<b>MIAMI FL 33146</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>MARTINEZ, ORLANDO</b>	
STREET ADDRESS	<b>1117 SW 88 AVE.</b>	
CITY-ST-ZIP	<b>MIAMI FL 33174</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>MARTINEZ, PAULA</b>	
STREET ADDRESS	<b>1117 SW 88 AVE.</b>	
CITY-ST-ZIP	<b>MIAMI FL 33174</b>	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**4-28-03**

CR2E037 (10/02)